

FAMILY READINESS INFORMATION FORM

PRIVACY ACT STATEMENT: Authority U.S.C. 522a. and para 3-5, AR 340-2 1; para 2-8a. AR 210-7. Principal purpose is to gather data on family members of assigned soldier. Primary use of this information is to facilitate volunteer in providing command information to family members concerning unit events and emergencies. I understand that my phone number will be published on the company spouses' roster that is available to company wives and the battalion chain of concern.

Soldier's Name		Rank
Section or Platoon		
Single <input type="checkbox"/>	Married <input type="checkbox"/>	Spouse's Name
Mailing Address <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>		
Live in Barracks <input type="checkbox"/>	Live in Residents <input type="checkbox"/>	Residential address <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
Home Phone Number		Spouse's Work Phone
Name of Local Friend or Neighbor		Phone

Other than Wife/Husband, whom would you notify in case of emergency

Name			
Address Street & P.O. Box			
City	State	Zip	Country
Phone	Relationship to you –		

SPECIAL FAMILY SITUATIONS

(Mark (X) in appropriate spaces)

<input type="checkbox"/> Wife has no driver's license	<input type="checkbox"/> Medical Problems	<input type="checkbox"/> No car
<input type="checkbox"/> Exceptional Family Member	<input type="checkbox"/> Wife doesn't speak English. Speaks -	<input type="checkbox"/> Wife is pregnant. Due Date -
Other, please explain		

CHILDREN

Name	Age
Name	Age
Name	Age
Name	Age